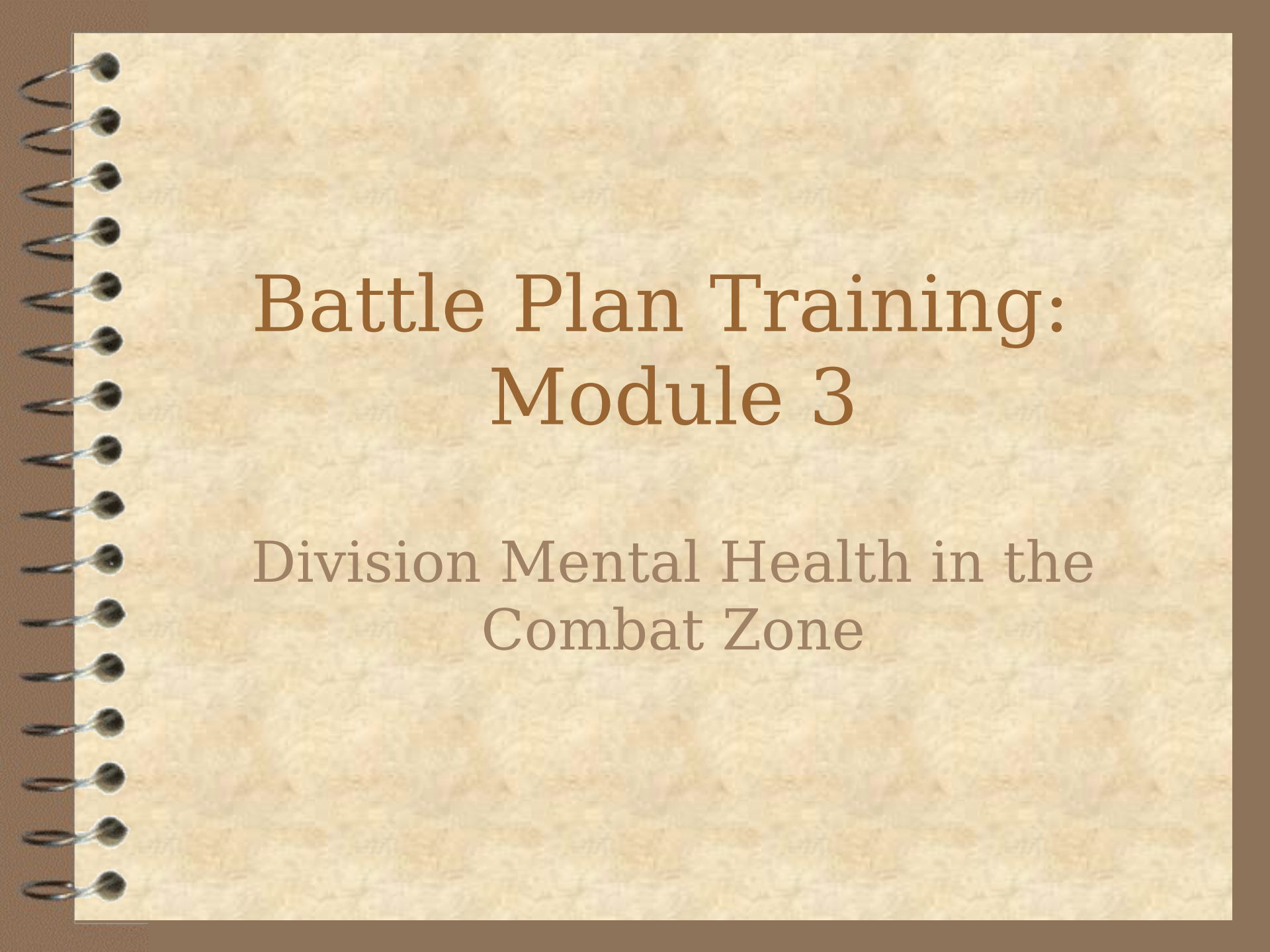


The background of the image is a spiral-bound notebook with a light beige, textured cover. The spiral binding is visible on the left side, with the metal wire looping through a series of holes. The text is centered on the page in a brown, serif font.

Battle Plan Training: Module 3

Division Mental Health in the
Combat Zone

Battle Plan Training Objectives

- ✓ The Battle Plan Training modules were developed:
 - To establish a structured training program for all Division Mental Health Section members;
 - To clarify the DMHS's tactics, techniques and procedures in Combat Stress Control operations.

Module 3 Objectives

- ✓ The Division Area of Operation
- ✓ DMHS in the Division Support Area
- ✓ Brigade CSC Team in the Brigade Support Area
- ✓ Battle Fatigue Categories
- ✓ Mental Health/CSC Reinforcements

Additional Resources

- ✓ During review of this Module, consult *Field Manual 8-51, Combat Stress Control in a Theater of Operations, Chapter 3, Section I*.
- ✓ The following resources may also prove helpful:
 - *FM 22-51, Leaders' Manual for Combat Stress Control*
 - *FM 8-55, Planning for Health Service Support*
 - *FM 101-5-1, Operational Terms and Symbols*

The image shows a spiral-bound notebook with a light beige, textured cover. The spiral binding is on the left side. The text "The Division Area of Operations" is centered on the cover in a brown, serif font.

The Division Area of Operations

Division Area of Operations

- ✓ The Division Area of Operations is divided into the following areas:
 - 2 Brigade Support Areas
 - Division Support Area
 - Brigade Reserve Area

- ✓ Main Support Medical Company is represented by the symbol:

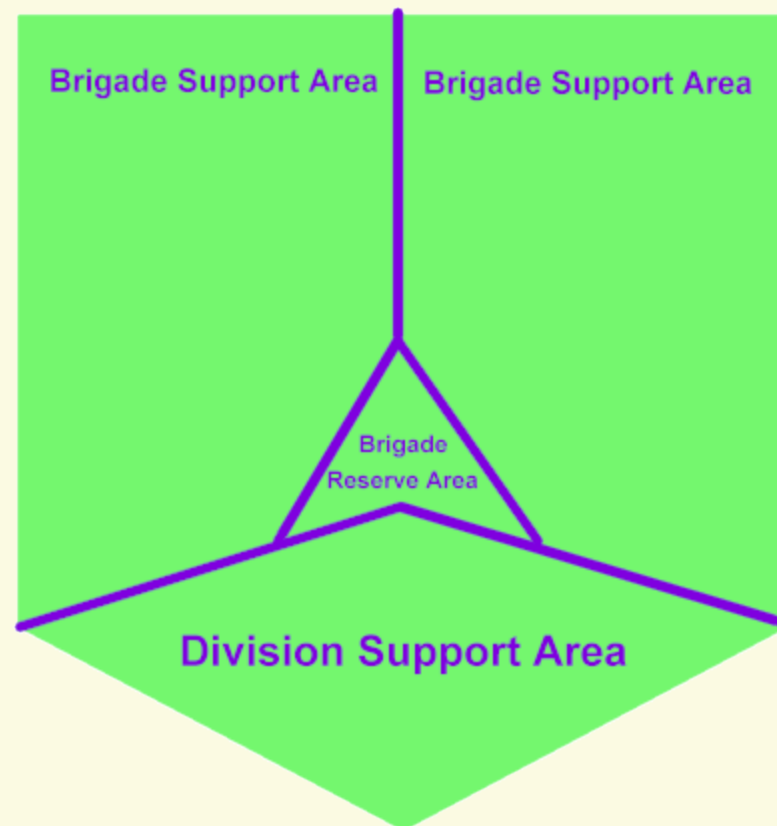
E

 701

- ✓ DMHS is represented by the symbol:

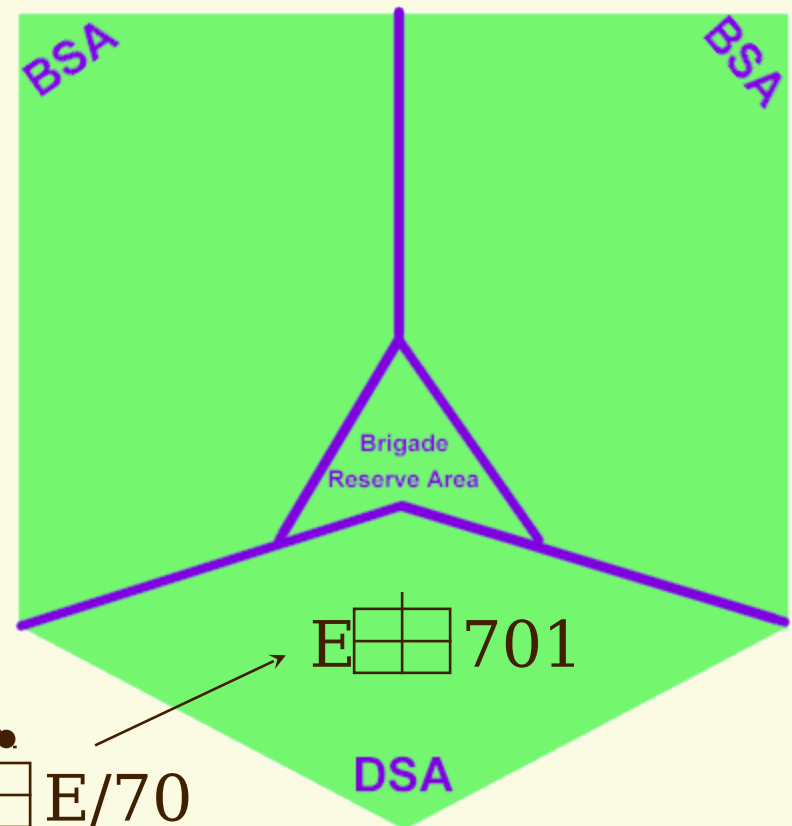
M

 E/70
H 1



DMHS in the DAO

- ✓ The Main Support Medical Company (MSMC) is located in the DSA.
- ✓ The MSMC functions as the base of operations for DMHS.
- ✓ At the MSMC, DMHS establishes itself near the Area Support Squad Treatment Element (Division Clearing Station).

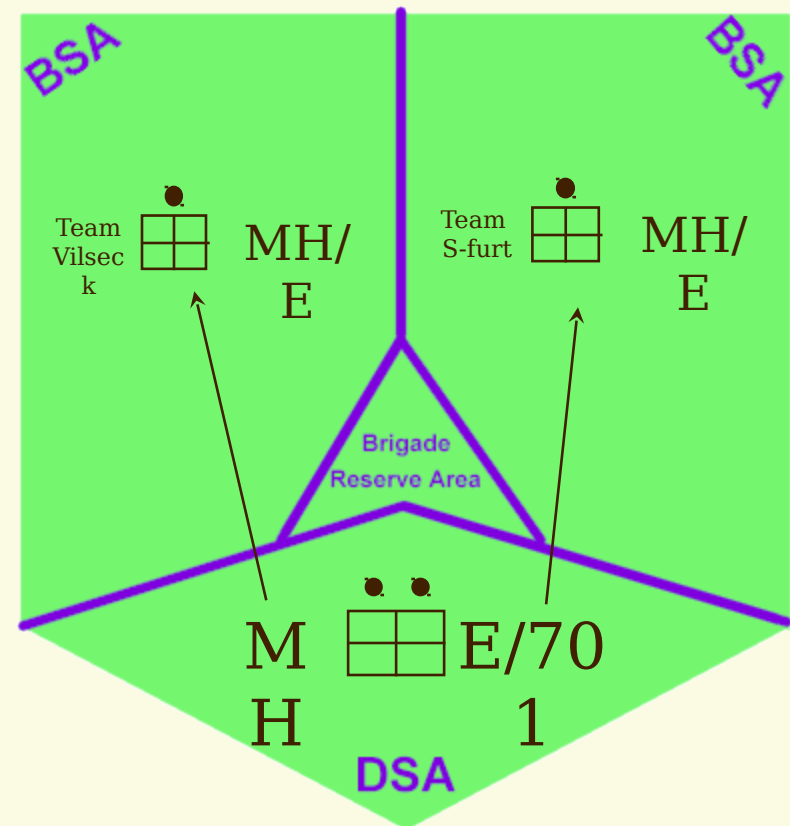


FM 8-11 3-1 M H E/70 1

Brigade CSC Teams in the BSA

- ✓ DMHS has two Brigade CSC Teams, consisting of a Mental Health Officer and a Mental Health NCO.
- ✓ The Brigade CSC Team joins the brigade as it deploys into the BSA.
- ✓ The Brigade CSC uses the Forward Support Medical Company's clearing station as a base of operation.
- ✓ Other DMHS personnel are deployed to augment or reinforce the Brigade CSCs as needed.

FM 8-51, 3-1

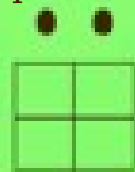


The background of the slide is a spiral-bound notebook with a light beige, textured cover. The spiral binding is visible on the left side. The text is centered on the page in a brown, serif font.

DMHS in the Division Support Area

Duties of the Division Psychiatrist

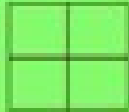
- ✓ Consults
 - Visits the FSMCs for consultations.
- ✓ Treats
 - Provides 24-hour neuropsychiatric triage at the MSMC.
- ✓ Guides
 - Advises the MSMC on CSC programs.
- ✓ Trains
 - Trains and supervises MSMC treatment platoon personnel.
- ✓ Monitors
 - Identifies problems in units.
- ✓ Supervises
 - Supports the Brigade CSC Teams.
 - Deploys to the brigade level to provide assistance as needed.
- ✓ Coordinates
 - Coordinates corps CSC augmentation.

MH  E/701

DSA

Duties of the DSA CSC Coordinator

- ✓ Consults
 - Provides command consultation activities.
- ✓ Guides
 - Advises the MSMC on CSC implementation.
- ✓ Trains
 - Trains unit-level and brigade level
 - Chaplains
 - Combat lifesavers
 - Unit leaders
 - Soldiers
 - Establishes and conducts unit preventative mental health programs.
- ✓ Monitors
 - Monitors unit cohesion, combat stress and morale.
 - Monitors location and status of Combat Support and Combat Service Support Units.
- ✓ The DSA CSC Coordinator's duties are similar to those of the Brigade CSC Team Coordinator. He works under the direct supervision of the Division Psychiatrist or the DMHS NCOIC.
- ✓ FM 8-51, 3-9

MH  E/701

DSA

Duties of the DMHS in the DSA

✓ Consult

- Consult to MSMC personnel and unit leaders to prevent over-evacuation.

✓ Treats

- Evaluate severe battle fatigue and neuropsychiatric cases referred from throughout the Division Area of Operations (ie REFER category soldiers).
- NP and BF soldiers are placed in the patient-holding section.
- A Mental Health Specialist may be designated to assist the patient-holding squad with BF treatment.
- Evacuation occurs only with the Division Psychiatrist's approval.
- NP and BF cases that require longer than the holding policy are referred to corps-level restoration and reconditioning facilities.
- FM 8-51, 3-8 & 9

Duties of the DMHS in the DSA

- ✓ Trains
 - Instructs unit leaders, chaplains, medical personnel.
- ✓ Communicates
 - Maintains close contact with Brigade CSC Teams and their information regarding unit cohesion, morale, and CSC factors.
- ✓ Supervises
 - The Division Psychiatrist (and mental health officers left in the DSA) will oversee supervision of NP and BF soldiers in the patient-holding section.

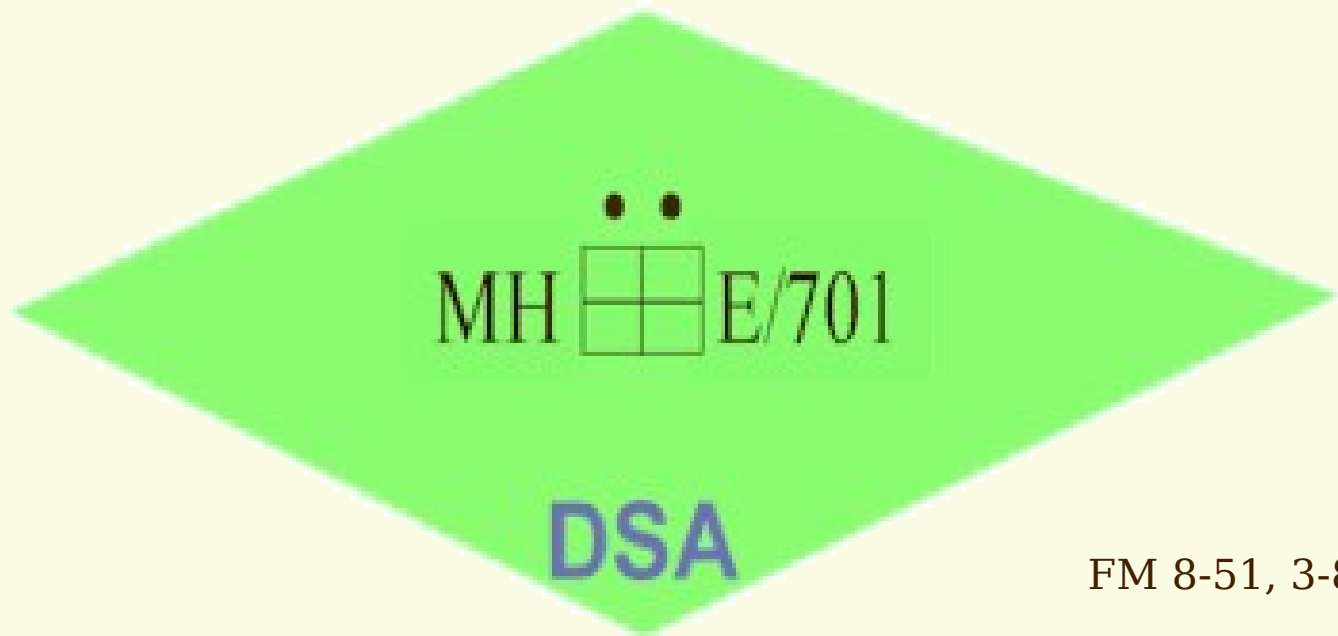
DSA

FM 8-51, 3-8&9

Duties of the DMHS in the DSA

✓ Coordinates

- Coordinates with the Division Assistant Chief of Staff (G1) to reintegrate recovered BF soldiers back into their units.



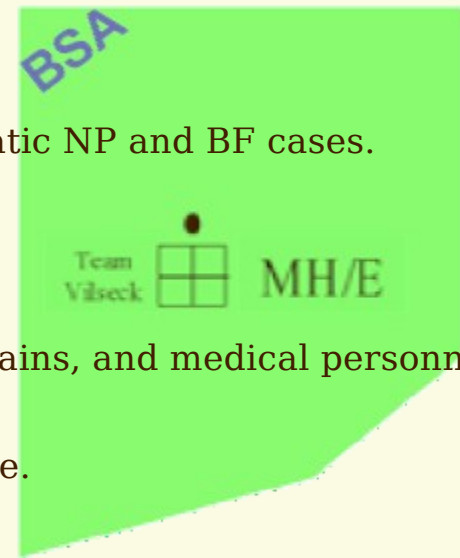
FM 8-51, 3-8&9

The background of the image is a spiral-bound notebook with a light beige, textured cover. The spiral binding is visible on the left side. The text is centered on the page in a brown, serif font.

Brigade CSC Team in the Brigade Support Area

Duties of the Brigade CSC Team Leader

- ✓ Consults
 - Oversees command consultation activities.
- ✓ Treats
 - Provides direct evaluation/treatment in problematic NP and BF cases.
- ✓ Guides
 - Advises the FSMC on CSC implementation.
- ✓ Trains
 - Trains unit-level and brigade level leaders, chaplains, and medical personnel.
- ✓ Monitors
 - Monitors unit cohesion, combat stress and morale.
- ✓ Communicates
 - Keeps Division Psychiatrist and Brigade Surgeon informed of CSC developments.
- ✓ Supervision
 - Provides supervision for NP and BF cases.
 - Directly supervises DMHS personnel in the BSA.
 - Oversees counseling by CSC coordinator.



Duties of the Brigade CSC Team Coordinator

- ✓ Consults
 - Provides command consultation activities.
- ✓ Guides
 - Advises the FSMC on CSC implementation.
- ✓ Trains
 - Trains unit-level and brigade level
 - Chaplains
 - Combat lifesavers
 - Unit leaders
 - Soldiers
 - Establishes and conducts unit preventative mental health programs.
- ✓ Monitors
 - Monitors unit cohesion, combat stress and morale.



FM 8-51, 3-3&4

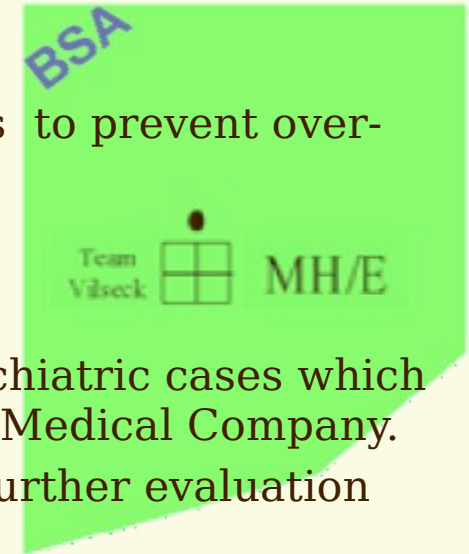
Duties of the Brigade CSC Team

✓ Consult

- Consult to FSMC personnel and unit leaders to prevent over-evacuation.

✓ Treats

- Evaluate severe battle fatigue and neuropsychiatric cases which cannot be managed by the Forward Support Medical Company.
- Severe cases may be sent to the MSMC for further evaluation by the Division Psychiatrist.
- Evacuation out of the Division requires approval from the Division Psychiatrist.



Duties of the Brigade CSC Team

✓ Monitors

- Visits supported units regularly within the BSA.
- Moves forward for consultation to supported maneuver battalions.
- Deploys forward to ambulance exchange points (AXPs), battalion aid stations, and combat trains when possible during combat.
- Keeps aware of the tactical situation.
- Monitors/establishes trust between the unit and CSC Team.
- Develops familiarity with the unit's operation, mission and tasks.
- Monitors progress of REST and DUTY category BF soldiers (more details to follow).



FM 8-51, 3-3 thru 6

Duties of the Brigade CSC Team

✓ Communicates

- Informs the Brigade Surgeons and Division Psychiatrist about CSC matters.
- Requests reinforcements through Division Psychiatrist when resources are overwhelmed.
- Keeps the FSMC informed about its whereabouts by radio or land lines.
 - Arrival
 - Departure
 - Next location to be visited



FM 8-51, 3-3 thru 6

Duties of the Brigade CSC Team

✓ Guides

- Assists the Brigade Surgeons with planning and projecting requirements
 - Stress casualty prevention
 - Reconstitution support
- Guides patient-holding wardmaster (at the FSMC) regarding the patient-holding squad personnel.



FM 8-51, 3-3 thru 6

Duties of the Brigade CSC Team

✓ Coordinates

- Coordinates RTD process for recovered BF casualties.
- Facilitates postcombat stress debriefings at small units.
- Facilitates treatment of BF REST category cases in the battalion field trains (more to follow on BF categories).
- Uses the DMHS vehicle for transportation (when available)
 - If not, coordinates other means of transportation.



FM 8-51, 3-3 thru 6

A spiral-bound notebook with a textured, light brown cover. The spiral binding is on the left side. The text "Battle Fatigue Categories" is written in a brown, serif font in the center of the page.

Battle Fatigue Categories

Battle Fatigue Categories

- ✓ To improve triage, Battle Fatigue Casualty Categories are used (listed here from best to worst prognosis):
 - DUTY
 - REST
 - HOLD
 - REFER
- ✓ A soldier's assigned BF Casualty Category may change based upon his response to treatment.

DUTY Category

- ✓ DUTY Category is used for soldiers who show mild battle fatigue and are expected to quickly recover.
 - less than an hour to no more than 6 hours
- ✓ Recovery may include
 - Food and nourishment
 - Fluid to drink
 - A quiet place to nap.
 - Reassurance to the soldier.
 - The opportunity to talk about experiences.
- ✓ The soldier must be capable of self-care and have the ability to respond if the unit comes under attack.

REST Category

- ✓ REST Category is used for soldiers having moderate to severe BF symptoms, or having no treatment response.
- ✓ Requires 1-2 days of duty in the soldier's own battalion HSC or battery.
- ✓ Alternatively, the soldier may be held in the BSA units under the control of the FSMC or Brigade Adjutant.
- ✓ These soldiers are monitored by the Brigade CSC Team(directly or by supervisors' reports).
- ✓ The soldier's category is increased to HOLD, if symptoms persist or worsen.

HOLD Category

- ✓ HOLD Category is used for soldiers who require medical observation and restoration treatment at the FSMC's patient-holding area.
- ✓ Treatment is provided for 1 day (or up to 3 days if return to duty is anticipated).
- ✓ Soldiers must be told that they are not *patients*.

REFER Category

- ✓ REFER Category is used for BF and NP cases which cannot be safely held or treated at the FSMC and require evacuation to a higher echelon of care.
- ✓ These cases may be initially triaged into this category, or may have demonstrated no treatment response.
- ✓ DMHS evaluates all of these problematic cases.
- ✓ Any REFER cases with good potential for RTD within 72 hours are held for treatment in the MSMC patient-holding section.
- ✓ The Division Psychiatrist oversees every evacuation out of the Division Area of Operations.
- ✓ Evacuation should occur in nonmedical vehicles when safely possible. Physical and/or medication restraints are used when necessary.

A spiral-bound notebook with a textured, light brown cover. The spiral binding is on the left side. The text is centered on the cover.

Mental Health/CSC Reinforcements

Reinforcement of Brigade CSC Team Using DMHS Assets

- ✓ The Division Psychiatrist will enhance the Brigade CSC Teams:
 - When the number of cases overwhelm the Team.
 - If a Team member becomes a casualty.
 - When cases held for treatment at a BSA clearing station are more than the hold squad staff can manage.
 - When conditions do not permit REFER cases to be evacuated.
 - After a mass casualty situation needing additional triage support.
 - When a battleworn battalion- or company-sized unit pulls back for rest and requires an “after-action debriefing.”
- ✓ The Division Psychiatrist coordinates reinforcement with the MSMC Commander, DMOC and Division Surgeon.

Reinforcement Using Corps-Level Assets

- ✓ The Division Psychiatrist will request additional corps-level mental health/CSC augmentation:
 - Caseload or geography prevent DMHS from serving the entire Division.
 - Combat stress-related casualties are beyond DMHS's capabilities.
 - A battalion or brigade is withdrawn from a forward area back into the DSA for rest and reconstitution.
 - Enemy use of NBC weapons.
 - Other high stress factors (e.g. heavy losses, prolonged fighting).
- ✓ The request can be made through the MSMC Commander, the MSB support operations section, and DMOC.

Exit

Conclusion

- ✓ DMHS is comprised of smaller teams which provide important CSC functions and operate within different aspects of the DAO.
- ✓ Similar and unique duties of DMHS and Brigade CSC Teams were reviewed.
- ✓ Battle Fatigue Categories help in the triage process and treatment.
- ✓ Reinforcements may be called upon under certain circumstances.